

CRITERIA FOR PRIOR AUTHORIZATION

Natpara® (parathyroid hormone)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Parathyroid hormone (Natpara)

CRITERIA FOR PRIOR AUTHORIZATION FOR PARATHYROID HORMONE: (must meet all of the following)

- Patient must have a diagnosis of hypocalcemia due to hypoparathyroidism (excluding hypoparathyroidism caused by calcium-sensing receptor mutations and acute post-surgical hypoparathyroidism)
- Patient must be unable to be well-controlled on calcium supplements and active forms of vitamin D alone
- Patient must be at least 18 years old
- Patient must have a baseline serum calcium level greater than 7.5 mg/dL and 25-hydroxyvitamin D stores are sufficient
- The patient must not be concomitantly using bisphosphonates
- Patient must not be at an increased baseline risk of osteosarcoma, including, but not limited to:
 - Paget's disease
 - Unexplained elevations of alkaline phosphatase
 - Pediatric and young adults with open epiphyses
 - Hereditary disorder predisposing to osteosarcoma
 - Prior history of external beam or implant radiation therapy involving the skeleton

NOTES:

- Goal of treatment is to achieve serum calcium (albumin-corrected) within the lower half of the normal range, between 8 and 9 mg/dL
 - Normal range: 8.5-10.3 mg/dL

LENGTH OF APPROVAL: 6 months